



RCE/ka
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CERTIFICATE OF MAILING 37 C.F.R. § 1.8	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below:	
September 17, 2003 Date	 Signature

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

BARRY J. BYRNE
JAMES E. CONWAY
GARY S. HAYWARD
NICHOLAS MUZYCZKA
SERGEI ZOLOTUKHIN

Group Art Unit: 1636 ✓

Examiner: Gerald Leffers, Jr.

Atty. Dkt. No.: 4300.012100

Customer No. 23720

Serial No.: 09/404,448

Filed: September 22, 1999

For: RECOMBINANT HERPES SIMPLEX
VIRAL VECTOR COMPOSITIONS (AS
AMENDED)

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION UNDER 37 C.F.R. § 1.114

This is a Request for Continued Examination (RCE) of the above-identified application.

1.

Submission required under 37 C.F.R. 1.114

a. ☐ Previously submitted

- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____
(Any unentered amendments referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____

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b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement
(IDS)

ii. ☐ Affidavit(s)/Declarations

iv. ☐ Other _____

2.

Miscellaneous

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR 1.17(i) **required**)

b. ☒ Other: Request for Extension of Time

3.

Fees

The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0786, if the check is missing or insufficient.

i. ☒ RCE fee required under 37 C.F.R. 1.17(e)

ii. ☒ Extension of time fee (37 C.F.R. 1.136 and 1.17)

iii. ☐ Other _____

b. ☒ Check in the amount of \$430.00 enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

Respectfully submitted,

WILLIAMS, MORGAN & AMERSON
CUSTOMER NUMBER: 23720

Date: September 17, 2003



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AGENT FOR APPLICANTS